## For Office use! **Planning Region Team Training Request Form** Form Received: PR Chairperson: Planning Region #\_\_\_\_\_ Work Phone: Agency: FAX: Address: \_\_ (City, State, Zip) E-Mail: Contact Person: \_\_\_\_\_ Coalition or Partnership: Each Team may request one on-site visit for training, facilitation or technical assistance. The workshop and facilitated meeting must occur by August 15, 2011; however your request form must be completed and submitted by November 1, 2010 to insure this is a FREE on-site visit. **Training Formats:** Workshops **Training Levels:** Awareness Α AΡ Application Facilitation F Refinement R Topic and town where training will be held Audience **Goals of Training or Meeting** Trainer Format | Level (list actual site if known) (if you have a trainer in mind. (composition & please list with contact anticipated information) number) **Preferred Date and Time** Choice: Date Choice: Date Choice: Date (List your first, second & third choice for From: From: From: presentation date/timeframe (at minimum, list am or pm am or pm am or pm number of hours and day or evening. List actual dates and times if known.) To: To: am or pm am or pm am or pm After your Regional Planning Team has met and agreed upon the training topic for your region, each of the members of the team, along with your Coalition or Partnership Coordinator, should sign below. The completed form should then be submitted to the Early Childhood Training Center by the ECPD/RT coordinator. Name/Position Name/Position Name/Position

Return form to:

Carol Puffer Early Childhood Training Center 6949 South 110th Street Omaha, Nebraska 68128-5722 Phone: (402) 557-6891 FAX: (402) 557-6890 carol.puffer@nebraska.gov

Please complete all blanks! If you need to make changes in your information, please contact the Training Center with adjustments as soon as possible. Thank you!